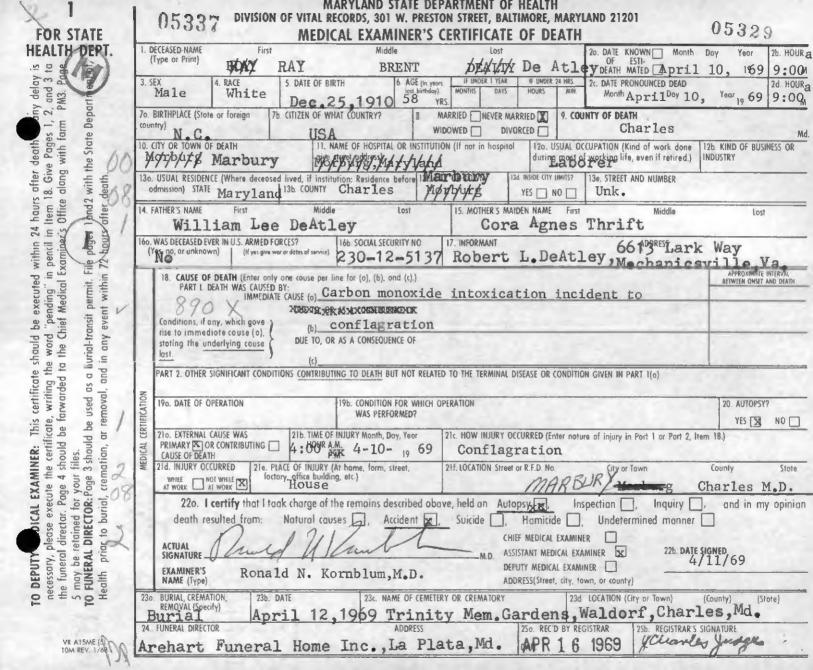
MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05328 05336 CERTIFICATE OF DEATH First Last 2a. DATE OF DEATH DECEASED-NAME Middle (Type or print) Month EDITH COOKSEY BARNES 4. RACE 3. SEX S. DATE OF BIRTH 6. AGE (in years IF LINDER I YEAR last birthday) DAYS HOURS MONTHS July 2,1906 8. MARRIED [X NEVER MARRIED] 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hays papers. U.S.A. Charles Maryland DIVORCED [WIDOWED [other campletely filled event, within 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR Hos La Plata Memorial 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e, STREET AND NUMBER admission) STATE 13b. COUNTY YES 📆 NO remoye Plata Washington Avenue T.a and in any 14. FATHER'S NAME Middle IS. MOTHER'S MAIDEN NAME First Middle First Last Annie Albrittian Frank E. Cooksev please physician 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. Yes, no, or unknown) burial, crematian, ar remaval, attending phys 214-48-6766 Wallace S Barnes-Husband-La Mr. 18. CAUSE OF DEATH (Enter only one cause per line for (a) (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit Conditions, if ony, which gove ' rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) retained by the haspital ar attending TO FUNERAL DIRECTOR: After this certificate has been directar, page 3 shauld be detached for use as the shauld be filed with the State Dept. of Health prior to 20b: IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES 🖂 HO P 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County Stote While Not while at work 22a. I certify that (I) (this haspital) attended the deceased from and that in (my) (our) opinion death accurred on the date and have and from the saw the deceased alive an 4-1 1960 causes stated above (11) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING DEGREE DIRECTOR 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) Edelen M.D. Plata Maryland 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23g. BURIAL CREMATION (County) BEMOVAL (Spenify) 4/3/1969 Mt. La Plata Rest Cemetery Maryland 250. REC'D BY REGISTRAR ADDRESS 24. FUNERAL DIRECTOR VR A15(4) Arehart Funeral Home, Inc .- La Plata . Md.

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05330 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DERI 1. DECEASED-NAME First Middle 20. DATE KNOWN (Type or Print) ESTI-PINO any delay is 2, and 3 to PM3. Page 10/19 6 5pm JULTAN DEATH MATED 3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (In years IF UNDER 24 HRS DATE PRONOUNCED DEAD 2d. HOUR White Jan. 1,1920 Male 109 5P . 0 69 75. CITIZEN OF WHAT COUNTRY? 7o. BIRTHPLACE (State or foreign 9. COUNTY OF DEATH MARRIED ALEVER MARRIED form Charles New Mexico U.S.A. WIDOWED [DIVORCED | Give Pages 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 24 hours after death 10. CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR the certificate, writing the word "pending" in pencil in Item 18. Give Pag 4 should be forworded to the Chief Medical Exompress Office along with Dissersary-N. O.S. during (hos por working life, even if retired.) Indian Head INTUSTO S. 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER Md. Rison odmission) STATE 13b. COUNTY Charles YES NO XX Box 3 offer 14. FATHER'S NAME First 15. MOTHER'S MAIDEN NAME Middle Inogino Valerie Moreno Garcia hours bages 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT **ADDRESS** pencil be executed within Y (Xesono, or unknown) WWww. 14 & Korean 525-54-7049 Wife-Louise Garcia- Rison, Marylan File within 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) permit. PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF buriol-transit Conditions, if only, which gave rise to immediate cause (a), certificate should DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse .9 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) CERTIFICATION 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? the certificate, pe 210. EXTERNAL CAUSE WAS 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 21b. TIME OF INJURY Month, Doy, Year 3 should PRIMARY OR CONTRIBUTING HOUR A.M. cremotion, EXAMINER: CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town County Stote factory, office building, etc.) NOT WHILE I NOT WHILE 22a. I certify that troak thange of the remains described above, held an Autopsy ... Inspection and in my opinion Inquiry 1 Matural couses Accident Suicide Homicide deoth resulted from: Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL 22b. DATESIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE 5 may be DEPUTY MEDICAL EXAMINER **EXAMINER'S** Edelen , M.D. La Plata, ModorESS(Street, city, town, or county) NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION, 23b. DATE 23d. LOCATION (City or Town) Burial (Specify) 4/15/1969 Arlington Natl. Cem. Arlington . Virginia 24. FUNERAL DIRECTOR ADDRESS 25o. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Tourses VR A15ME [5] DAAPR Arehart Funeral Home, Inc.-La Plata, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05331 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED-NAM 20. DATE KNOWN K Moath Year 2b. HOUR (Type ar Print) 2, and 3 to PM3. Page Olga Grace Hall 20R o DEATH MATED 6. AGE (In years IF UNDER 24 HRS. 2c. DATE PRONOUNCED DEAD 4. RACE S. DATE OF BIRTH 5-26-1912 Female Jost-birthday) 5-60 Day 20 the State Depar 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED T NEVER MARRIED 9. COUNTY OF DEATH 4 should be farwarded to the Chief Medical Examiner's Office along with form washington Charles Co Md. D.C. WIDOWED [DIVORCED F Give Pages 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress) trauss Indian Head Md during most of working life, even if retired.) ousewife 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d, INSIDE CITY LIMITS? 13e. STREET AND NUMBER 1 and 2 with WHAT'les ndian Head Mill. NO 1016-Strauss Ave. offer 14. FATHER'S NAME Middle 15. MOTHER'S MAIDEN NAME Raymond Pascoe Elizabeth Evans haurs ADDRESS 1016-Strauss 131an Head Md. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Husband-Daniel M. Hall (Yes, no, or unknown) APPROXIMAJE INTERVAL 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Coronary Occlusion mmediate DUE TO, OR AS A CONSEQUENCE OF Conditions, if only, which gove Indefinite (b) Arterio Sclerosis General rise ta immediate cause (a). writing the word certificate shauld DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse Abing process remayal, and PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? the certificate, YES T pe 210. EXTERNAL CAUSE WAS 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1B.) 0 21b. TIME OF INJURY Month, Day, Year 3 should HOUR A.M PRIMARY OR CONTRIBUTING crematian, CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town County State factory, office building, etc.) FUNERAL DIRECTOR: Page WHILE AT WORK AT WORK 220. I certify that I took charge of the remains described above, held an Autapsy ... Inspection . Inquiry X, and in my apinian director. death resulted from: Notoral couses X, Accident , Suicide , Hamicide Undetermined manner 10 CHIEF MEDICAL EXAMINER 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER funeral SIGNATURE 4-6-69 DEPUTY MEDICAL EXAMINER X may NAMP (Type) James E. Andrews ADDRESS(Street, city, town, or county) Indian Head the 50 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, 23d. LOCATION (City or Town) April 9,1969 Cedar Hill Cemetery Suitland, Pr. George 25g. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR 2Sb. REGISTRAR'S SIGNATURE Archart Funeral Home Inc., La Plata, Md. VR A15ME (5 10M REV. 1/68

MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05332 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1 DECEASED NAME First Middle 2a DATE KNOWN X Manth Day Year 2b HOUR (Type or Print) ESTI-THOMAS WILSON HART April 5 1969 DEATH MATED delay JE TONDER 24 HRS. 4 RACE 6. AGE fin years IF UNCER I YEAR 3 SEX S. DATE OF BIRTH 2c. DATE PRONOUNCED DEAD Male. Negro 14 July 1939 19 69 State Depart 7a BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH 4 should be farwarded to the Chief Medical Examiner's Office along with farm country Maryland WIDOWED [DIVORCED [Charles 11 NAME OF HOSPITAL OR INSTITUTION (If not in bosp to) 10. CITY OR TOWN OF DEATH 12g. USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR give street oddress)
Physicians Memorial Hosp. during most of wasking life, even if retired.) INDUSTRY land 2 with the LaPlata 13d. INSIDE CITY LIMITS? 13a USUAL RESIDENCE (Where deceased lived, if institution, Residence before 13c CITY OR TOWN 13e STREET AND NUMBER odmission) STATE Maryland 30 COUNTY Charles Rison YES NO Item 1 after 14. FATHER'S NAME Last 15. MOTHER'S MAIDEN NAME First Church Hill Hart Parfine Ennis within 24 hours ÌΞ pages 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? pencil 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS (Yes, no, grunknown) Rose Marie Hart Rison. Maryland File within 72 APPROXIMATE INTERVAL ⊆ shauld be executed 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND GEATH PART I, DEATH WAS CAUSED BY IMMIDIATE CAUSE (a) Gunshot wounds of trunk and left upper extremity event DUE TO, OR AS A CONSEQUENCE OF burial-transit Canditions, if any, which gave rise to immediate cause (a), ward duy DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause .= pup PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) certificate remayal, CERTIFICATION 19g DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? YES KX NO 🗍 þ 21a EXTERNAL CAUSE WAS 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 21b TIME OF INJURY Month, Day, Year 3 shauld PRIMARY X OR CONTRIBUTING crematian, 1969 Shot during altercation CAUSE OF DEATH 21e PLACE OF INJURY (At name, farm, street, 21f LOCATION Street or R.F.D. No. City or Town County State factory, office building, etc.) Tavern WH .E NOT WHILE K Bob Waters Tavern-Sweden Point-Charles Md. 22a. I certify that I taak charge of the remains described above, held an Autopsy XX. Inspection . Inquiry | and in my apinian funeral director. death resulted fram Suicide | Hamicide XX Natural causes Accident Undetermined manner CHIEF MEDICAL EXAMINER apriar ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE 4-6-69 DEPUTY MEDICAL EXAMINER **EXAMINER'S** 5 may TO FUNE Health (Charles S. Springate, M.D. NAME (Type) ADDRESS(Street, city, tawn, ar caunty) BUR AL CREMATION. 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d .OEAT ON (City or Town) (County) (State) REMOVAL (Specify) April 9.1969 Church Rison, Maryland D.C. 24. FUNERAL DIRECTOR ADDRESS ohnson & Jenkins Inc. 4804 Ga Ave N.W. VR A15ME (5)



| | MARYLAND STATE DEPARTMENT OF REALTH |
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| . 7 | DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 |
| <i>+ - - - - - - - - - -</i> | 05333 CERTIFICATE OF DEATH 05333 |
| erath. znd 2 leath. | 1. DECEASED NAME First Middle Lost 2a DATE OF DEATH 2b HOUR 12/100 John Webster Johnson John First John John Webster Johnson John Lost 12/100 John John John John John John John John |
| naurs ofter death. by the funeral Pages 1 and 2 nours after death. | 3. SEX 4. RACE 5. DATE OF BIRTH June 14, 1887 6. AGE (In years legal birthdoy) Months Days Hours Min yrs. |
| certificate be executed within 24 haurs after death g physician and completely filled in by the funeral Then please remave carbon papers. Pages 1 and 2 mayal, and in any event within 2. | 7g BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH |
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| ficate t | 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yeno ar unknown) (If yes give war or dente of service) 217-42-2647 Mrs. Margaret Murphy La Plata, Md. |
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| OR ATTENDING be retained by th DIRECTOR: After th ge 3 shauld be de led with the State | 21d. INJURY OCCURRED While Not while of work 22o. I certify that (I) (this hospital) attended the deceased from 15 , 19 4 , ta 12 , 19 6 , that (I) (we) last sow the deceased dive-on-19 0 , and that in (my) (our) opinion death accurred on the date and hour and fram the couses stated above (I) (we) (did) (did nat) view the bady offer deoth. 22d. PHYSICIAN'S NAME (Type) 22e. ADDRESS 22e. ADDRESS A PLATA Med. |
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| Did He | MEDIC | (If either, notify medical examiner) P.M. | 19 | | | |
| HYS has ache | 2 | 21d INJURY OCCURRED 21e. PLACE OF INJURY | AT HOME FARM, STREET, FACTO OFFICE BUILDING, ETC. | 21f LOCATION Street or R.F.D. N | e. City or Town | County State |
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| e Se de la company de la compa | 1 | sow the deceased olive an | 1115 19 | and that in (my) (our) or | pinion deoth accurred an the date | ond hour and from the |
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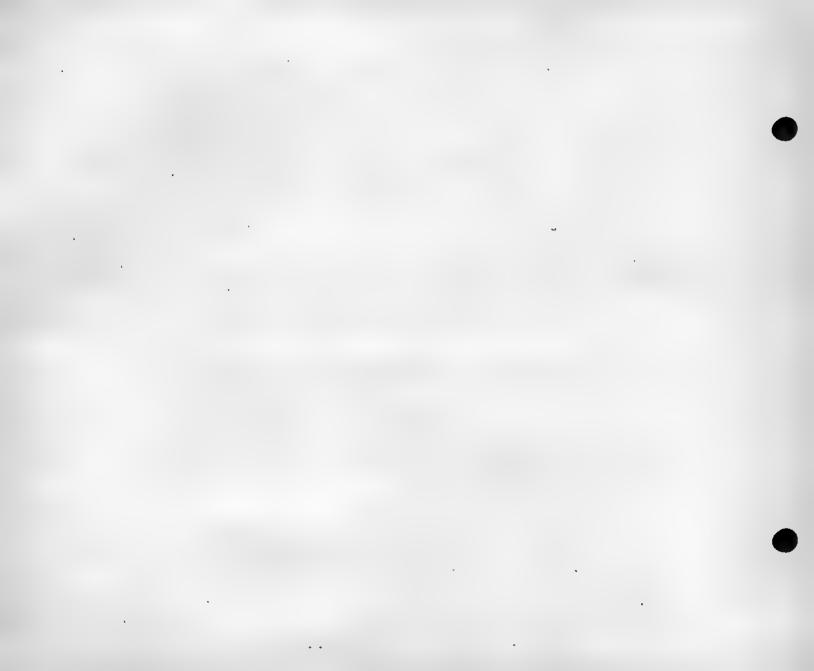


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| | 05343 | DIVISION OF VITAL RECORD | • | · · · · · · · · · · · · · · · · · · · | RE, MARYLAND 21201 | |
| | | | CERTIFICATE | OF DEATH | | 05335 |
| | CEASED-NAME / First // Pe or print) | AS Aver | 1 Ro | A 200 | DATE OF DEATH Month Doy | 2b. HOUR |
| 3. SE) | M | 4 RACE | S DAT | e 0f Birth ne 7,1903 | 6. AGE (In years log brithday) YRS. | IF UNDER YEAR IF UNDER 74 HRS. MONTHS DAYS HOURS MIN. |
| 70. Bl caunt | IRTHPLACE (State or foreign 7 (iry) North Caro | | 8. MARRIED XNEV WIDOWED | DIVORCED | UNITY OF DEATH | arles Md |
| / 1 | TY OR TOWN OF DEATH La Plata | 11 NAME OF HOSPITAL OF Giverstreet oddress 1 NY SICAR | is Memoria | . weldur,na mast af | CUPATION (Kind of work done working life, even if retired) Matience | 12b. KINDBE BUSINESS OR Of INDUSTRIBOAT dorof |
| 13a. l admis | USUAL RESIDENCE (Where deceased sign) STATE | l lived, if institution. Residence before 13b. COUNTY Charles | re 13c city or town La Pla | 3d. INSIDE CITY LIMITS? | 13e STREET AND NUMBER Hawthorne | |
| .14. FA | Bryant S | Smith Rose Las | 15. MOTH | er's ma den name first Martha C. | Lee | Last |
| | WAS DECEASED EVER IN U.S. ARMEI | as dates of consists | TY NO 17 INFORM/ -7226 A | | Address Rose -Son- C | heltenham.Md |
| | PART I. DEATH WAS CAUSED IMMEDIATE IMMEDIATE Conditions, if any, which gave itse to immediate cause (a), stating the underlying cause last. | one cause per line for (a), (b), and BY E CAUSE (a) DUE TO, OR AS A CONSEQUENCE (b) DUE TO, OR AS A CONSEQUENCE (c) ITIONS CONTRIBUTING TO DEATH BUT | OF Secu | Control DISEASE OR CONDI | Scheron Scheron TION GIVEN IN PART I(0) | BETWEEN ONSET AND DEATH |
| CERTIFICATION | 190. DATE OF OPERATION 19b. CC | ONDITION FOR WHICH OPERATION WAS | | AUTOPSY? | 20b. IF YES, WERE FINDINGS C CAUSES OF DEATH? | ONSIDERED IN CERTIFYING |
| I≅ | 21o. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical exomine | HOUR A.M. Month Doy Yo | 90r 19 | | ore of injury in Part I or Part 2. | Item 18.) |
| | 21d IN. JRY OCCURRED 21e. P While Not while of wark of wark | LACE OF INJURY (AT HOME, FARM, STREET OFFICE BUILDING, ETC. | PACTORY.) 21f. LOCATION | Street or R F.D. No. | City or Town | County State |
| | 22a. I certify that (i) (this saw the deceased alineauses stated abave) | haspital) attended the dece ve an (I) (we) (did) (did not) view t | ased from and that 19 and that ne bady after death. | in (my) (aur) apinian | death occurred an the da | , that (I) (we) last |
| Ш | 22b. SIGNATURE | Vi Ede | en DEGREE P | TTENDING MED DIRECT | STAFF C 1 | DATE PIGNED 1969, |
| | | .J. Edelen, M | [.D. | | a Plata , Md | • |
| 23c. Bt. | BURIAL, CREMATION, 23b. DA PEMOVAL (Specify) 1, /7 | 1 1 | of cemetery or cremated of cemetery or cremated of the cemetery of cremated of the cemetery of cremated of the cemetery of cemetery or cremated of the cemetery of the cemeter of the ce | | Dentsville | (County) (State) Maryland |
| 24. F | FUNERAL DIRECTOR | ADDR | ESS | 250, REC'D BY REC | SICTOAD OCH DECICTOAD'C | SICHATINE |
| Ar | ehart Funera | 1 Home Inc -I | a Plata.M | id . Mile I I | 1969 Villanda | 1 younge |





| | Them 22a Film 412 MAKYLAND STATE DEPARTMENT OF HEALTH 5-20-69 ams Division of VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 | |
|--|--|------|
| EOD STATE | 15-20-69 ams division of vital records, 301 W. Preston street, Baltimore, Maryland 21201 15345 MEDICAL EXAMINER'S CERTIFICATE OF DEATH | |
| HEALTH DEPT. | 1 DECEASED NAME First AM ddle Lost 2a. DATE KNOWN Manth Day Year 12b HC | HID |
| | (Type or Print) ED WARD Wiltord SIMMS OF ESTI DEATH MATED AT 769 | M |
| deloy is ond 3 to W3. Page | 3 SEX 4 RACE 5 DATE OF BIRTH 6 AGE (in years I IF UNDER 1 YEAR IF UNDER 24 MRS 2c DATE PRONOUNCED DEAD 2d HC | DUR |
| PM3. | MI C 11-14-30 35 YRS. MONTHS DAYS MIN Month Day 25 Year CG TU | M |
| 1 200 | 70 BIRTHPLACE (Stote or foreign 76 CITYZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 COUNTY OF DEATH | |
| Pages with form | Spring Hill U.S. A. WIDOWED DIVORCED CHARLES | Md |
| deoth ve Pages 1, with form | 10. CITY OR TOWN OF DEATH 11 NAME OF HOSP TAL OR INSTITUTION (If not in hosp toll during most of work done give street address) 120 USUA, OCCUPATION (Kind of work done libb KIND OF BUSINESS OF during most of working life, even if retired) INDUSTRY | |
| ≥ o ÷ | Dring Hill Diff Route 30! Government Employee 45. Govern 13a USBAL RESIDENCE (Where deceased lived, if instituting), Residence before 13c. CITY OR TOWN 3a USBAL RESIDENCE (Where deceased lived, if instituting), Residence before 13c. CITY OR TOWN 3a USBAL RESIDENCE (Where deceased lived, if instituting), Residence before 13c. CITY OR TOWN | 16 N |
| | adm ssion) STATE Md. 13b COUNTY Charles Spring Hill YES NO | |
| hours Item 1 Off for I and 2 | 14 FATHER'S NAME First Middle Last | = |
| | John Issac Simms Katie Minor | |
| hin ned nine pog hou | 160 WAS DECEASED EVER IN U.S. ARMED FORCES? [Yes, no, ar unknown] (If yes give war or dotes of service) NOV. 18, 1952 344 ADDRESS ADDRESS ADDRESS ADDRESS New York C. ty, N. | 1 |
| in pe in Exar It. File iin 72 | 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) | A |
| vacuted and ading an Medical Experimit. First within | PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 7 2 Cal Fufe Direct | |
| be executed in the property of | Canditions, if any, which gave) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave) | 7 |
| id be rid "pe Chief transil | rise to immediate cause (a), | |
| vertificate should be exerting the ward "per rworded to the Chief sed as a buriol-transitional, and in any ever | stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF | |
| s certificate sh e, writing the forworded to t used as a bur emoval, and in | PART 2 OTHER S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) | _ |
| vertificate writing the reworded to used as a noval, and | · · | |
| | 190. DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES NO [210. TIME OF IN. JRY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of niury in Part 1 or Part 2, Item 18) | |
| e pt | YES NO [21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year 21c HOW INJURY OCCURRED (Enter nature of njury in Part 1 or Part 2, Item 18) | |
| *= · · · · · · · · · · · · · · · | | |
| (AMINER: te the cert e 4 shaule our files age 3 shau cremation, | 21d INJURY OCCURRED 21e PLACE OF NURY (At home, form, street 21f LOCATION Street or R.F.D. No. City or Town County State | e |
| | WHILE NOT WHILE AT WORK AT WORK AT WORK | |
| ectury Pop Pop (101), rial, | 220 certify that Hook sharge of the remains described above, held an Autapsy, Inspection, Inquiry, and in my opin | ion |
| SICAL E se exect ctor Po ned for ECTOR: | death resulted trans. Notural couses, Accident, Suicide X, Hom.cide, Undetermined monner | |
| please e I director retained . DIRECT | ACTUAL CHIEF MEDICAL EXAMINER CONTROL OF DATE SIGNED | |
| ury, ple eral di be ret RAL D | SIGNATURE MO ASSISTANT MEDICAL EXAMINER 1 | |
| ro DEPUTY SICAL E) necessary, please executive function Page 5 may be retained for 5. General DIRECTOR: Peolith prior to buried, | NAME (Type) (FIELEN, M.D., LABORESHOTDELL, AD TOUTH OF THE PROCES CO. M.D. | 7 |
| To the | 230 BUR AL CREMATON, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (CHY OF TOWN) (COUNTY) (State) | net_ |
| | REMOVAL (Specify) 4-28-69 St. Ignatius Chapel foint, Charles, 1 | 11 |
| VR ATSME (5) | 24. FUNERAL DIRECTOR ADDRESS 250. REC'D BY REGISTRAR 25b. REGISTRAR 5 SIGNATURE | |
| 10M REV. 1768 | I hornton tuneral Home Tomonkey, Md. DAMAY 1 1969 (Charles Justice | |



| C. 2 | _ | - 1 | | | | ID STATE DEPARTMENT OF | | |
|---|---|-----|---------------|--|--|---|---|---|
| X | - 1 | - 1 | | 05346 | | , 301 W. PRESTON STREET, BALT | IMORE, MARYLAND 21201 | 05220 |
| | • | | | 419940 | | CERTIFICATE OF DEATH | | 05338 |
| | 2 - | | 1 DE | CEASED-NAME First | Middle | Last | 2g. DATE OF DEATH | 2b HOUR |
| ±p. | neral and 2 death | | | ype or print) Robert | J | Smith, Sr. | Month Doy | Year & 2. 1/10 H |
| | | | 2 | | | | 4 16 | UNDER I YEAR 15 UNDER 24 HRS |
| je j | S T | | 3 SE | | 4. RACE | S. DATE OF BIRTH | | INTHS DAYS HOURS MIN. |
| 20 | 416, 5 | | | Male | White | 4/19/1901 | 67 YRS | |
| 9 / | in by the figures Propes 2 hours offer | | 7ο B τουπ | | 7b. CITIZEN OF WHAT COUNTRY? | 8 MARRIED 🔀 NEVER MARRIED 🗍 | 9. COUNTY OF DEATH | |
| 2 | J in | | COLI | "North Carolina | a US | WIDOWED DIVORCED | Charles Cou | nty Md. |
| 2 [| ille pap | | 10. C | ITY OR TOWN OF DEATH | 11, NAME OF HOSPITAL OR IN | ISTITUTION (If not in haspital 120 USU | AL OCCUPATION (Kind of work done | 126 KIND OF BUSINESS OR |
| = | ly f an with | | | LaP1ata | g ve street oddress) | Memorial Hoen | est of working life, even fretired). | INDUSTRY D.C. C. T. |
| <i>></i> | arb | | 130 | USUA. RESIDENCE (Where deceases | Physicians ed lived, if institution Res dence before | 13c. CITY OR TOWN 13d INSIDE CITY | UMITS? 13e. STREET AND NUMBER | Della Sanita |
| TENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death ined by the haspital an attending physician. | attending payskian and campletely filled in permy Then please remove carban paper ian, or removal, and in any event, within 72 | 1 . | admi | USLA. RESIDENCE (Where deceases | 13b COUNTY Charles Co. | Bryans Road YES | 0 [| |
| Xec | ny (| | 14 F | ATHER S NAME, First | Middlecost | IS MOTHER'S MAIDEN NAME | First Middle | Last |
| φ φ | and rer n a | | | () | middle Cost | TO MOTHERS MAIDER HAME | 1111000 | 1031 |
| <u></u> | an ase | | 1/- | Judhay | ED FORCES? 166 SOCIAL SECURITY | NO 17 INFORMANT | | 1 . 5 |
| cat | S G | | 10a. Y. | WAS DECEASED EVER IN U.S. ARME es no or upknown) (11 yes give wor | or or dotes of service) | , 5, / | - C 1/ T Address | F. 1 BOX 174 |
| 1 | E 5 5 | | | 452 | 242-10-7 | 242 Robert J | JMI (4, Jr. 131 | ydns Rd, Md. |
| 9 | DE E | | | 18. CAUSE OF DEATH (Enter only | y one couse per tine for (a) (b), and (c |)) | , | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| to to | <u>*</u> ₽.4 5 | | | PART E DEATH WAS CAUSED | TE CAUSE (o) | the Ca A | | 6 how |
| 9 | atten permi | | | 1621 | DUE TO, OR AS A CONSEQUENCE OF | | | |
| ¥. | he it p | | | Conditions, if any, which gave | (b) CAFC | Luna | | 6 mo |
| hat | y that is a second | | | rise to immediate cause (a), | DUE TO, OR AS A CONSEQUENCE OF | | | |
| io i | 447 | | | stating the underlying couse | (c) | * | | |
| OR ATTENDING PHYSICIAM: The law requires the be retained by the haspital ar attending physician. | gne | | | PART 7 OTHER SIGNIFICANT COME | DITIONS CONTRIB. TANG TO DEATH RUT I | NOT RELATED TO THE TERMINAL DISEASE OR | CONDITION GIVEN IN PART 1(a) | ! |
| n red | 200 | | | TAKE 2 OFFICE STORING TORK | DITIONS CONTRIBUTION TO DESIGN BUT I | TO RECITED TO THE TERMINAL DISEASE OF | common office in Fact 1(0) | |
| di i | the | | NO | 190 DATE OF OPERATION 19b. C | CONDITION FOR WHICH OPERATION WAS P | ERFORMED 200. AUTOPSY? | 20b. IF YES, WERE FINDINGS CONS | SIDEDED IN CEDTICVING |
| e le | as as prio | E . | CERTIFICATION | 170 DATE OF OPERATION 194. C | CONDITION FOR WHICH OPERATION WAS P | | CALIGRA OF BEATUR | DERED IN CERTIFIING |
| 는 E | use use | 又 | ERTIS | AT A SCHOOL WAS HADED VINC | C los Time of himby | | Y | 10) |
| AN S | cat ar Hea | | CALC | 21 g. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH | | | er noture of injury in Part 1 or Port 2, Item | n 18.) |
| | a de la | | MED.C | (If either, natify medical examine | er) P.M. | 19 | | |
| HA SE | s ce ache | | 2 | 21d. INJURY OCCURRED 21e P While Nat while at work of work | PLACE OF INJURY (AT HOME FARM, STREET FA | ACTORY) 21E LOCATION Street or R.F.D. N. | City or Town | County State |
| | t beto | | | at work of work | | 20 000 11 | | |
| N × | ter tat | | | 22a. I certify that (I) (this | s hospital), ottended the deceo- | sed, from 19 | 6, to 196 | 9, that (I) (we) last |
| Q d | d k | | | saw the deceased at | ive on 6 Dan | 19 <u>5 Z</u> , on 6 that M (my) (aue) or | inion deoth occurred on the date | and hour ond from the |
| E i | P dell | | | | , (I) (we) (did) (did not) view the | body offer deoffi. | | |
| re to | M ST | | | 22b. SIGNATURE | 111 | ATTENDING | MED. STAFF | TE SIGNED |
| <u>6</u> 8 | ed ed | | | 1 Kull | - /6 / | DEGREE PHYS | DIRECTOR LI PHYS LI | -16-69 |
| TA1 | Pog e fi | 1 | Ш | 22d. PHYSICIAN'S NAME (Type) Mrf. 1 + cm | C. Cobey, M.D. | 22e. ADDRESS | Din-n | \mathcal{M}_{Σ} |
| SPI 4 m | d b | 1 | | Water (Albastit LEOII | C. Cobey, H.D. | LA. | 12/7/H, | / //) . |
| TO HOSPITAL OR Page 4 may be r | TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and co director, page 3 should be detached for use as the burial-transit permit. Then please remo- shauld be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any | | 23a. | BURIAL, CREMATION, 23b D. | DATE 23c NAME OF | CEMETERY OR CREMATORY | 7) | (Caunty) (State) |
| 5 2 | 5 E | | | REMOVAL (Specify) | -18-64 /rihi | Ty Memorial Jan | | has, IIH, |
| _ | VR A15 | 0 | 24 | PUNERAL DIRECTOR | ADDRES | C / A DEC'D | BY REGISTRAR 2Sb REGISTRAR'S SI | |
| | 30M REV | 48 | 14 | 6 Hunto Th | king of Home, W | alder fiked DATE API | 7 1 1969 Ochon | for Josephale : |
| | | - | _ | | | | | |



| 1 | MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 | |
|--|--|---|
| FOR STATE | 05347 MEDICAL EXAMINER'S CERTIFICATE OF DEATH | 05339 |
| HEALTH DEPT. | 1. DECEASED-NAME First Middle Last 20 DATE KNOWN Ma | unth Day Year 2b. HOURA |
| of of to | (Type or Print) SAMUEL LLOYD SYDNOR OF ESTI-DEATH MATED AP: | ril 10, 69 9:00M |
| any delay is 2, and 3 to PM3 Page eportreent of | 3 SEX 4. RACE S. DATE OF BIRTH 6 AGE (In years FUNDER 1 YEAR IF UNDER 24 HRS. 2c. DATE PRONOUNCED DEAE Male White Asset 9 1927 2 1925 MIN Month April Day | |
| PMS PMS | 1 AUE - 7 - 1 7 3 / 1 1 L L L L L L L L L L L L L L L L L | 10,1969 9:00A |
| - E 199 | (Charles | |
| do the foot | IT IN LITY OR TOWN OF DEATH IT NAME OF HOSPIFAL OR INSTITUTION (3) not in hospital 120. USUAL OCCUPATION (Kind of work do | md one 12b KIND OF BUSINESS OR |
| haurs after death In In Item 18. Give Pages 1, 2, a Office alang with farm PM I and 2 with the State Depart after death. | Mythys Marbury greetiee addess Marby during most of working life, even if rehree | d.) INDUSTRY |
| s after 18. Give alang | admission) STATE As at 112h COUNTY on a 1964 FOURTY | |
| n 18 ce a d2 v | | |
| 24 haurs after death in Item 18. Give Pages 1, r's Office alang with form \$\int\$5 I and 2 with the State Detre after death. | | Lost |
| d within 24 in pencil in Examiner's File poges in 72 hodrs | Samuel Enoch Sydnor Leslie Montgomery 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT ADDRESS | |
| vithi amir | (Yes, go, or unknown) (II yes give wor or dates of service) 212-54-5827 Leslie Sydnor Marbury Mo | d. |
| E E E | IB. CAUSE OF DEATH (Enter any one cause per line for (a), (b), and (c)) | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| ling" ling" edicc ermi with | PART I. DEATH WAS CAUSED BY Carbon monoxide and Ethers I Intoxication inc | ident |
| e ex penc of M sit p | Conditions, if only, which gave) to conflagration | |
| Chic Chic | rise to immediate cause (a). stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF | |
| shauld be executed he ward "pending" in to the Chief Medical E burial-transit permit. F | lost. (c) | |
| INER: This certificate shauld be executed within 24 haurs after death e certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, should be farwarded to the Chief Medical Examiner's Office along with farm files. 3 shauld be used as a burial-transit permit. File pages I and 2 with the State De nation, ar remaval, and in any event within 72 hadrs after death. | PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a) | |
| rifing arde d as | Z DATE OF ORDATION DISCOUNTING AND TOP OF THE WARREST ORDATIONS | Log supposed |
| is certific te, writin farwards farwards oe used as remaval, | 19d. DATE OF OPERATION 19b. COND.T.ON FOR WHICH OPERATION WAS PERFORMED? 21d EXTERNAL CAUSE WAS 21b TIME OF INJURY Manth, Day, Year 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port | 20. AUTOPSY? YES ☑ NO ☐ |
| INER: This certrine certrificate, writh should be farwar files. 3 shauld be used nation, ar remava | 210 EXTERNAL CAUSE WAS 216 TIME OF INJURY Manth, Doy, Year 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port | |
| ER: certificould could les. shaul | PRIMARY TO CONTRIBUTING HOUR A.M. (AUSE OF DEATH 4:00 MRK 4-10- 19 69 Configuration 21d INJURY OCCURRED 21e PLACE OF INJURY (At home, form, street, 21f, LOCATION Street or R.F.D. No. City of Town | |
| | 21d INJURY OCCURRED 21e PLACE OF INJURY (At home, form, street, 21f, LOCATION Street or R.F.D. No. (Ity or Town forther), and forther affice building, etc.) | County State |
| ecute ecute Page ar yau | WHITE NOT WHITE TOO TO WHITE HOME FOR THOME Marbury Morty / | Charles M.D. |
| 7 × 4 0 2 | 22a. I certify that I took charge af the remains described above, held on Autapsy X, Inspection , Inquiry | |
| please I director retained I DIREC | death resulted frem: Natural couses Accident K., Suicide , Hamicide , Undetermined month | ner 🔲 |
| TY, please by, please brother direct by the stain the sat birect brian to brian to | ACTUAL | DATE SIGNED |
| PUT sary unera y be Vy be IERA | EXAMINER'S Ronald N. Kornblum, M.D. DEPUTY MEDICAL EXAM. NER | 4/11/69 |
| o DEPUTY SICA necessary, please the funeral director 5 may be retained of FUNERAL DIRECTION Health priar to bu | NAME (Type) ADDRESS(Street, city, town, as county) | |
| 5 | 23a BURIAL, CREMATION, REMOVAL (Specify) April 17.69 Marbury Baptist Marbury Char | (County) (State) |
| | Burial April 17,69 Marbury Baptist Marbury Char | AR S SIGNATURE |
| VR A15ME (5) | Arehart Funeral Home Inc., La Plata, Md. MAPR 2 1 1969 gclo | ma Judge : |

٤ r * * * * * ' / ţ. •

| | | 1 | | | | IND STATE DEPARTMENT | | |
|----|--|------------|---------------|---|---|---------------------------------------|--|------------------------------------|
| VI | . 1 | | | 05348 | IVISION OF VITAL RECORD | S, 301 W. PRESTON STREET, | BALTIMORE, MARYLAND 21201 | |
| 1 | inter T | | It | eml3 FilmGL12 5, | /6/69 kk | CERTIFICATE OF DEA | TH | 05341 |
| | £ \ _ 2 £ | | | CEASED-NAME Arst | Middle | - last | 20. DATE OF DEATH | 2b, HOUR |
| | deoth. | , | (1 | ype or print) | reft. | 14CM191 | Month4 | Doy 2 4 ear 69 4 2 M |
| | | | 3. SE | (| 4 MACE | S. DATE OF BIRTH | 6. AGE (In years last birthday) | IF UNDER 1 YEAR IF UNDER 24 HRS. |
| | to see a |) | | male | Negro | 8-5- | 1919 last berthday) | RS MONTHS DAYS HOURS MIN. |
| _ | hours after n by the fur | 1 | 7a 8 | (1) | CITIZEN OF WHAT COUNTRY? | 8 MARRIED NEVER MARRIED | | *** |
| | cecuted within 24 hours after death completely filled in by the funerations carbon papers. Rages 1 end by event, within 72 hours after death | - / | coun | in artes Counity | 11.8.A. | WIDOWED DIVORCED | | Md. |
| | Med Med Pap | | | TY OR TOWN OF DEATH | 11 NAME OF HOSPITAL OR | (NSTITUTION (if not in hospital 12a | USUAL OCCUPATION (Kind of work do | ne 12b KIND OF BUSINESS OR |
| | 新春 | <i>/</i> . | 1 | aplata, md | give street address) | dut | ring most of working life, even if retired | d.) INDUSTRY 🟒 |
| | d w arb | | | SJAL RESIDENCE (Where deceased | | | DE CITY LIMITS? 13e STREET AND NUMBER | leng V, |
| | utec | | od mi | ssion) STATE | 136 COUNTY Justes | Waldof YEN | | 195 |
| | xec no, | j | 14. F | ATHER S NAME First | _Middle Last | | | |
| | onc onc in d | , , | | OT | homp son | 100 | 40 | |
| | te t ian ian ind | | | WAS DECEASED EVER IN U.S. ARMED | | YNO 17 INFORMANT | Address Address | Davis Rd. 145 |
| | fica ysic ple ple | | | es, no, or unknown) (If yes give wor or | | - 710 Josephin | P. Thisune | walderma |
| | P P P | | | | | | , I I MAMP SON | PPROXIMATE INTERVAL |
| | ¥ | | | CAUSE OF DEATH (Enter only of PART i, DEATH WAS CAUSED 8) | | (1) Alexander | 0000 | BETWEEN DISET AND DEATH |
| | of mit | | | IMMEDIATE | CAUSE (a) | guezar | re me | 17646-6-9 |
| | De la | | | 2001 | DUE TO, OR AS A CONSEQUENCE | | | |
| | the the mot | | | Conditions, if any, which gave rise to immediate cause (o), | (b) .' | | | |
| | tray by tray | | | stating the underlying couse | DUE TO, OR AS A CONSEQUENCE | OF . | | |
| _ | rres ysici ned iol- iol, | | | last. | (c) | | | |
| 0 | requires that the death-certificate be executed within 24 hours after g physician. I signed by the attention physician and completely filled in by the further buriol-transit permit. They please remove carbon papers. Pages is a buriol-transit permit. | | | PART 2. OTHER SIGNIFICANT CONDIT | FIONS CONTRIBUTING TO DEATH BUT | NOT RELATED TO THE TERMINAL DISEAS | SE OR CONDITION GIVEN IN PART 1(a) | |
| 0 | w rading | | NO. | I to | | | | |
| 1 | e law tendin is bee os th prior t | | CERTIFICATION | 190. DATE OF OPERATION 196 COM | NDITION FOR WHICH OPERATION WAS | | CAUSES OF DEATHS | GS CONSIDERED IN CERTIFYING |
| U | The atte | X | RTIF | | | | NO [| |
| | AN: I oil cote or teo | | | 2 a ACCIDENT WAS UNDERLYING CAUSE OF DEATH | 216 TIME OF INJURY HOUR A.M. Manth Day Ye | 21c HOW INJURY OCCURRED | (Enter noture of injury in Port 1 or Port | 2, Item 18.) |
| | Pit in the state of the state o | | PEDICAL | (If either, natify medical examiner) |) P.M. | 19 | | |
| | HYS hos s ce sche | | 100 | 21d. IN. JRY OCCURRED 21e. PLA | ACE OF INJURY (AT HOME, FARM, STREET, OFFICE BUILDING, ETC. | FACTORY,) 21f LOCATION Street or R.F. | .D. Na. City or Town | County State |
| | the this detre | | | While Not while at work | · · · | B | (w) 1 10 | 1 |
| | TENDING ined by th OR: After to ould be do the Stote | | | 22a. I certify that (I) (this ! | hospital) attended the decer | ised from, | 19-2, 10-4-29 | 19 <u>6-9</u> , that (I) (we) lost |
| | ed Richard | | | sow the deceosed dive | e on | ond that in (my) (ou | r) opinion deoth accurred on the | dote and havr and fram the |
| | t the | | | 22b SIGNATURE | it (we) (aid) (aid not) view ii | e body offer bedfit. | | 72c DATE SIGNED |
| | OR A | | | ZZD STOTOKI OKL | el, C. | DEGREE PHYS | MED STAFF DIRECTOR DIRECTOR DISTAFF | L - 7 1 (-C |
| | Page See | | | 22d. PHYSICIAN'S | | DEGREE PHYS 22e. ADDRESS | A DIRECTOR OF PAID OF | The day |
| | RAI RAI | 1 | | NAME (Type) | | 220, 10011.00 | | |
| | OSF JNE plant | | 240 | BURIAL CREMATION, 236 PAT | IE / TOR NAME | DF CEMETERY OR CREMATORY | 23d LQCATION (City og/Tawa) | (County) (State) |
| | TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death-certificate be executed within 24 h Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in director, page 3 should be detached for use as the buriol-transit permit. They please remove carbon pagers should be tiled with the State Dept. of Health prior to buriol, cremotion, or removal, and in any event, within 72 h | | 230, | KEMOVAL (Specify) | 58/69 | , 11 | 200 CONTION (CITY OF TOWN) | (County) (State) |
| | | _ | 24. | FUNERAL DIRECTOR | ADDRE | 30 seph contrict | REC D BY REGISTRAR Sb REG STR | AR'S SIGNATHRE |
| | VR AJE | HOB)_ | | SALAK SAMI F | 21 . 0 | 4 11 | W/10 | wer judge. |
| | | 1 1 | - | A MOC WING | IN I OM | onkey wd DATA | 2 K 3 U 1303 // | [] " |



| | | E DEPARTMENT OF HEALTH | |
|--|--|---|--|
| FOR STATE | | PRESTON STREET, BALTIMORE, MARYLAND 21201 R'S CERTIFICATE OF DEATH | 05314 |
| HEALTH DEPT. | DECEASED-NAME First Middle | | 05341 Day Yeor 12b, HOUR |
| neatin peri. | (Type or Print) | OF ESTI- | |
| 2, and 3 to PM3. Page | WM. H. EX 4 RACE S. DATE OF BIRTH 6 AG | THOMPSON DEATH MATED 4 E (In yours IF UNDER 1 YEAR IF UNDER 24 HRS. 2c. DATE PRONOUNCED DEAD | 19 1969 9:50p |
| 2, and 3 PM3. Po | 1 / ^ -> / : / [lost | birthday) MONTHS DAYS HOURS MIN Month Day | Yenr |
| P. 2. 2 | | 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH | 19, 19 69 9.50p |
| -E | MARY/AND UIS, A. | MIDOMED C DINOBCED C | Md |
| INER: This certificate should be executed within 24 hours after death se certificate, writing the word "pending" in pencil in Hem 18. Give Pages 1, should be forwarded to the Chief Medical Examiner's Office along with form files. 3 should be used as a burial-transit permit. File pages Land 2 with the State De notion, or removal, and in any event within 72 hours offer death. | CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR IN | NSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work dane | 12b. KIND OF BUSINESS OR |
| be executed within 24 hours after death "pending" in pencil in Hem 18. Give Page nief Medical Examiner's Office olong with onsit permit. File pages Land 2 with the Statewent within 72 hours offer death | i dine zileet adalessi | Mem. Hospital during most of working life, even if retired.) | INDUSTRY |
| 18. Give | USUAL RESIDENCE (Where deceased lived, if institution: Residence before | 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER | |
| 2 w 2 w | idmission) STATE Md 136. COUNTY | Harford YES NO 210 71st | Ave. |
| Officer officer | FATHER'S NAME First Middle Last | 15. MOTHER'S MAIDEN NAME First, Middle | D Logh |
| 15 E 24 | ICAN WAITER LAOMA | SON MARY Elizabeth | PROCTOR |
| ncil in 24 poges hours | WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, na, or unknown) Was given and dates of service) | | M.1-00 |
| J with per Exom | /V O | AUDREY / hompson | MAR/28 C |
| red al E it. F hin | 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART 1. DEATH WAS CAUSED BY: | | APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH |
| ecut ling edic erm erm | IMMEDIATE CAUSE (o) GI | unshot wound of the head | |
| f M f M sit p | DUE TO, OR AS A CONSEQUENCE OF | | |
| Chie Chie y ev | rise to immediate cause (a), (b) | | |
| should be executed a word "pending" in the Chief Medical E. uriol-tronsit permit. F in any event within | stating the underlying couse DUE 10, OK AS A CONSEQUENCE OF | | |
| d in d | PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT | DELATED TO THE TERMINAL DISEASE OF COMPLETION CHICK IN PART 1/-1 | |
| INER: This certificate should be executed e certificate, writing the word "pending" is should be forwarded to the Chief Medical files. 3 should be used as a burial-transit permit. or removal, and in any event within | PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT | RECATED TO THE TERMINAL DISEASE OF CONDITION GIVEN IN PART 1(0) | |
| This certificate, writing be forword or do be used or removal. | 190. DATE OF OPERATION 19b. CONDITION FOR W | VHICH OPERATION | 20. AUTOPSY? |
| for for rem | WAS PERFORMED? | } | YES 🗫 NO 🗆 |
| AL EXAMINER: This execute the certificate, r. Poge 4 should be fo I for your files. TOR: Poge 3 should be u uriol, cremotian, or rem | 21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Yea | 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, | |
| INER: e certi should files. 3 shou otian, | PRIMARY TO R CONTRIBUTING HOUR AMC CAUSE OF DEATH PORMARY TO REPORT TO THE PRIMARY TO THE PRIMA | 69 Self inflicted wound | |
| bical Examiner: se execute the certification. Page 4 should ned for your files. tECTOR: Page 3 should buriol, cremotion, | 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, | 21f. LOCATION Street or R.F.D. No. City or Town | County Stole |
| XAM ute th ge 4 your Poge | AT WORK AT WORK OLITSIDE | Outside nephews house | Charles Md |
| NI EXA xecute Poge for you OR: Pog riol, cre | 22a. I certify that I taak charge of the remains describe | ed abave, held an Autapsy 🙀 Inspection 🔲, Inquiry 🗍 | , and in my apinian |
| to the end of the end | death resulted from: Natural couses [], Acciden | it, Suicide XXX Hamicide, Undetermined manner | |
| please I director retained I DIRECTOR I DIRE | ACTUAL FX. AT Q | CHIEF MEDICAL EXAMINER | |
| JTY DICA ry, please e mrol director be retained RAI DIRECTOR | SIGNATUR | M.D. ASSISTANT INCOME EXPERIMENT AND | E SIGNED |
| SSOT STATE | EXAMINER'S | ADDRESS(Street, city, town, or county) | /20/69 |
| no DEPUTY DICAL EXAM necessary, please execute the the fun and director. Page 4 5 may be retained for your of FUNERAL DIRECTOR: Page Health, prior to buriol, crem | NAME (Type) Edward F. Wilson, M.D. BURIAL CREMATION, 23by Date 225. NAME OF | | (C |
| 2 "2 - | REMOVAL (Specify) 23b, DITE 23c. NAME OF | CEMETERY OR CREMATORY OD SE PLOS POM FRET | (County) (State) |
| | FUNERAL DIRECTOR DORE | | CANA PROPERTY |
| VR A15ME (9) | DONNSONS 17 224 /01 | MASK / 2 Y DATE | 0 0 |
| ion and water | | | |

HINDERS AND THE PROPERTY OF THE PROPERTY OF THE PERSON HERE. and the late of th E CONTRACTOR OF THE STATE OF TH CONTROL PRODUCTION OF THE 180 00

| 1 1 | | MARYLAND STATE DEPARTMENT OF HEALTH | |
|---|---------------|--|-------------------------|
| | | 05350 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 | orn.o |
| FOR STATE | | MEDICAL EXAMINER'S CERTIFICATE OF DEATH | 05342 |
| HEALTH DEPT. | 1. D | DECEASED-NAME First, Middle | Day Year 2b. HOUR |
| | (| (Type or Print) Nellie Ellen WHALEN DEATH MATED I 4. | 7869 " |
| oy is 3 to Page | 3. S | | 2d. HOUR |
| deloy and 3 MS Pa | 3, 3 | lost, birthday) Months Days Hours Min. Manth i Day | Yenr |
| - TE 13 | _/ | FEMALE NEGRO 3/24/1902 6/ YRS. 7 | 1969 M |
| もればり | | BIRTHPLACE (Stote or foreign 76. CLYZEN OF WHAT COUNTRY? 8. MARRIED MEYER MARRIED 9. COUNTY OF DEATH | |
| 2000 | 3 | nity Chaptico, Md U.S.A WIDOWED DIVORCED Charles | Md. |
| orth. | ID. | CITY OR TOWN OF IDEATH 111, NAME OF HOSPITAL OR INSTITUTION (It not in haspital 112a, USUAL OCCUPATION (Kind at work done 117 | 26. KIND OF BUSINESS OR |
| deoth ve Poge with the Sta | N | | NDUSTRY |
| after deoth. 8. Give Poges along with for with the State leath. | | . USUAL RESIDENCE Where, deceased lived, if institutor: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER | |
| S Vee V. ale al | 0 | odmission) STATE New burg 13b. COUNTY Charles MARYLAND YES NO NO | |
| | 14. | FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle | Last |
| thin 24 hour med in Item miner's Office pages rand hours ofter | 14 | Vebster Brown MARY Josephine | JOHA JOP |
| ers ages | 160 | WAS DECEASED EVER IN U.S. ARMED FORCES? 166, SOCIAL SECURITY NO. 17, INFORMANT HUSDAND ADDRESS | Ochi Per |
| within pencil xamine xamine 72 hou | | Yes, no, or unknown) (Nyes give wor or dates of service) 217-32-1527 George WHALEN New | huga Ild |
| with per Exar | - | | APPROXIMATE INTERVAL |
| 70 :- | | 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), god (c).) PART I. DEATH WAS CAUSED BY: | BETWEEN ONSET AND DEATH |
| executed nding" if Medical permit. | | 1/2 IMMEDIATE (AUSE (a) | 73-60 |
| be execute "pending" nief Medical ansit permit | | DUE TO, OR AS A CONSEQUENCE OF | // |
| d be (d 'pe Chief transit ty ever | | Conditions, if only, which gave rise to immediate cause (a), (b) | / |
| vord vord ve Ch al-tra any | | storing the underlying couse DUE TO, OR AS A CONSEQUENCE OF | |
| 5 > = = = | | lost. 10 New Will fee - | |
| s certificate shauld by, writing the word forworded to the C used as a burial-tr | | PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) | |
| certificate writing the inworded to so a noval, and | z | | |
| is certifi te, writin forword e used o removal, | CERTIFICATION | 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION | 2D. AUTOPSY? |
| 9 = 9 = \/ | TIFIC | WAS PERFORMED? | YES NO |
| The bear | | 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item | n 18.) |
| NER: Te certifice should be files. | MEDICAL | PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH P.M. 19 | |
| INER INER shou files. 3 sho atiar | MED | 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town | County State |
| EXAMINER: ute the certi age 4 should your files. Page 3 shoul | | WHILE INDIT WHILE IF factory, affice building, etc.) | |
| | | | and to any autotas |
| A X 2 T P E | | 220. I certify that Look therge of the remains described above, held on Autopsy . Inspection . Inquiry . | ond in my opinion |
| please e director retained DIRECT or to bu | | deoth resulted from Natural couses . Accident . Suicide . Homicide . Undetermined manner | |
| slease directo directo bir to b | | ACTUAL CHIEF MEDICAL EXAMINER 22b, DATE SI | |
| A A B B B B B B B B B B B B B B B B B B | | SIGNATURE | IGNED C |
| DEPUTY ressary, p e funeral moy be ra FUNERAL | | EXAMINER'S DEPUTY MEDICAL EXAMINER* | - 104 |
| necessary, participated the funeral 5 moy be in 10 FUNERAL Health prior | | NAME (Type) ADDRESS(Street, city, town, or county) | |
| 5 = = 2 5 E | 230 | action to the second se | County) (State) |
| . ^ | | REMOVALISPECTY) 3-1-64 Church Cemetery Newburg, Ma | a. |
| AN | 24. | FUNERAL DIRECTOR ADDRESS 250. REC'D BY REGISTRAR 256. REGISTRAR'S SI | |
| VR A15ME (1)) | | Johnson F. H Pomon Kiey, Md DAMAY 8 1969 fcharl | a Judge |
| 37 | - | | |

